

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/521 719</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>	
8 TO BE REFUNDED BY:		Treasury Check	
9 REASON:		Credit Deposit A/C #:	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Duplicate Payment		0 6 -- 0 5 0 2	
<input type="checkbox"/> No Fee Due (Explanation):			
<i>Rule change - 08 Dec 2004</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		TITLE: <u>Supervisor</u>	
SIGNATURE: <u>Larry M. Johnson</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>DO/EO</u>		<u>X221</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: